

USMEPCOM ACCESSION VERIFICATION PACKET ARMY NATIONAL GUARD/LEFT SIDE (For use of this form, see USMEPCOM Reg 601-23)		FOR OFFICIAL USE ONLY Page 1 of 2 Pages			
		SUB-PACKET NUMBER			
DOCUMENTS		1	2	3	4
<input type="checkbox"/>	Orders and any amendments	3cy	7cy	3cy	cy
<input type="checkbox"/>	DD Form 2808 (Report of Medical Examination) with waiver documents, if applicable, and all Medical supporting documents from consults etc..	cy	O	cy	NA
<input type="checkbox"/>	DD Form 2807-1 (Report of Medical History)	cy	O	cy	NA
<input type="checkbox"/>	Audiogram	NA	O	cy	NA
<input type="checkbox"/>	USMEPCOM Form 40-1-2-R-E (Report of Medical Examination/Treatment)	NA	O/cy	cy	NA
<input type="checkbox"/>	DD Form 2807-2 (Medical Prescreen of Medical History)	NA	O	cy	NA
<input type="checkbox"/>	USMEPCOM Form 40-8-1-R-E (HIV Antibody Testing Acknowledge)	NA	O/cy	cy	NA
<input type="checkbox"/>	DD Form 2005 (Privacy Act Statement-Health Care Records)	NA	O/cy	cy	NA
<input type="checkbox"/>	DD Form 1966-series (Record of Military Processing-Armed Forces of the United States)	O	cy	cy	cy
<input type="checkbox"/>	DD Form 4-series (Enlistment/Reenlistment Document-Armed Forces of the United States)	O	cy	cy	cy
<input type="checkbox"/>	USMEPCOM PCN 680-3 ADP (See para. 8-8 if not available)	cy	O	cy	cy
<input type="checkbox"/>	SF 86 (Questionnaire for National Security Positions) or EPSQ printout version and SF 86A (Continuation Sheet for Questionnaires SF 86, SF 85P, and SF 85)	cy	cy	O	cy
<input type="checkbox"/>	ENTNAC Results/DIS Form 1 (Report of National Agency Check) (manual ENTNAC/NAC)	cy	O	cy	NA
<input type="checkbox"/>	USMEPCOM Form 601-23-4-E (Restrictions on Personal Conduct in the Armed Forces)	NA	O	NA	cy
<input type="checkbox"/>	USMEPCOM Form 40-8-R-E (Drug and Alcohol Testing Acknowledgment)	NA	O/cy	NA	NA
<input type="checkbox"/>	DD Form 214 (Certificate of Release or Discharge from Active Duty), or NGB Form 22 (Report of Separation), DD Form 215, (Correction to DD Form 214) and/or DD Form 220 (AD Rpt), or similar document	cy	cy	cy	O
<input type="checkbox"/>	DD Form 368 (Request for Conditional Release)	NA	O	cy	cy
<input type="checkbox"/>	DD Form 369 (Police Record Check)	cy	cy	O	NA
<input type="checkbox"/>	DD Form 372 (Request for Verification of Birth)	cy	O	cy	cy
<input type="checkbox"/>	DOD Form 1304.12-K (ASVAB Scoring worksheet)	NA	O	cy	NA
<input type="checkbox"/>	DD Form 1879 (Request for Personnel Security Investigation)	NA	cy	cy	NA
<input type="checkbox"/>	SF 1199A (Direct Deposit Program Form)	cy	O	cy	cy
<input type="checkbox"/>	DD Form 93 (Record of Emergency Data)	cy4	O/cy2	NA	cy3
NOTE: Place a check mark in the block to the left of the documents for documents that are required and included. Place an "NA" in the block to the left of the documents for documents that are not required. Place an "NP" in the block to the left of the documents for documents that are not provided.					
The Inclusion/Sequence of Forms Verified By					
_____ USMEPCOM Rep Signature			_____ Printed Name of USMEPCOM Rep		

ARMY NATIONAL GUARD ADDRESSES AND NOTES
TABLE 8-3

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PACKET NUMBER

- 1 ARNG unit of assignment or State Personnel Service Center as specified by the State Headquarters (note 2)
- 2 AG Battalion (Reception) or ARNG unit (note 3)
- 3 National Guard State Adjutant General
- 4 Enlistee (Applicants will receive their documents (packet 4) before they depart the MEPS)

NOTES: MIRS produced forms will be on plain white bond paper via laser printer. Reproduction of MIRS laser printed forms will not be used as an original. Follow DD Form 4 copy guidance in Chapter 5.

LEGEND

** denotes a document that is distributed "if applicable"
O denotes an original, "cy" denotes a copy,
O/cy means that an original or copy can be included in the packet
2cy denotes 2 copies
cy2 denotes copy 2
NA means that distribution is not required

NOTES:

1. ** if applicable
2. If documents are sent to the State Personnel Service Center, distribution to the ARNG unit is not required.
3. Forward upon entry on IADT or forward to unit of assignment if enlistee is not scheduled for return to the MEPS. This packet is retained by the ARNG service counselor/liaison when enlistee is scheduled to return to the MEPS for IADT.
4. Shipping of applicants will not be delayed due to non-receipt of service unique forms and/or documents.
5. Do not staple with enlistment packet. Insert loosely in required sequence after packet is assembled.
6. USMEPCOM Form 601-23-E, if applicable, will be furnished to the appropriate National Guard State AG (packet number 3).
7. USMEPCOM Form 680-3A-E and any remaining extraneous copies or forms or papers will be furnished to the ARNG service counselor/liaison for disposition.